Crynodeb cyflym

Cwestiwn:

Sut y gellir rheoli adferiad yn dilyn brechu (ar wahân i reoli adweithiau niweidiol clinigol ac anaffylacsis) yn ddiogel mewn lleoliadau brechu torfol nad ydynt yn rhai gofal iechyd?

Crynodeb byr:
Nodwyd pum canllaw neu lawlyfr/offer gweithredu ac un adolygiad systematig, o chwiliad o'r llenyddiaeth a gynhaliwyd ym mis Mehefin 2020 mewn cysylltiad â'r cwestiwn hwn.

Arsylwadau ôl-frechu
Roedd y rhan fwyaf o'r canllawiau yn awgrymu amser arsylwi o 15 munud ar ôl brechu[1, 2, 3, 4, 5]. Argymhellir man aros ar wahân er mwyn cadw'r llif i symud[2].

Ar gyfer modelau brechu drwy ffenestr y car, gellir caniatáu i yrwyr symud eu cerbyd i fae parcio ond rhaid iddynt aros yn y cerbyd am y cyfnod o amser a argymhellir[5].

Ymhlith y strategaethau i annog cleifion i aros am y cyfnod aros llawn mae:

- Esbonio rhesymeg y cyfnod aros yn glir[3]
- Dosbarthu cofnod brechu ar ôl i'r cyfnod aros ddod i ben[3, 4]
- Awgrymir y dylid monitro amseroedd aros[3]

Modelau brechu drwy ffenestr y car
Er mwyn gallu canfod problemau yn gyflym, roedd yr awgrymiadau'n cynnwys:

- Dweud wrth y cleifion am ddefnyddio corn eu car os ydynt am gael sylw[5]
- Gwneud yn siŵr bod gan gleifion fynediad at ffôn symudol a rhif cyswllt ar gyfer argyfyngau[5]
- Trefnu bod person sydd wedi'i hyfforddi'n briodol, sy'n gyfarwydd ag arwyddion a symptomau digwyddiadau niweidiol a sut i'w rheoli'n briodol, gan gynnwys arwyddion cynnar o anaffylacsis, adwaith alergaidd a llewygu, yn goruchwylio yn y maes parcio i gadw golwg ar gleifion[2, 5, 6]. Nodwyd achosion o lewygu ymhlith pobl ifanc yn eu harddegau gan amlaf[2]

Er mwyn lleihau'r tebygolrwydd o ddigwyddiadau niweidiol:

- Lle y gellir rhagweld y rhain, er enghraifft y rhai â hanes blaenorol o anaffylacsis neu alergedd i'r brechiad rhag y ffliw, dylid cynnig apwyntiad mewn clinig[5]

Cynllun y clinig
Mae'r ffynonellau yn argymell:

Crynodeb cyflym

- Y dylid lleoli'r ardal arsylwi ôl-frechu ac ardal argyfwng meddygol y tu ôl i sgrin mor agos â phosibl at ardal gweinyddu'r brechiad[1]
- Dylid datblygu cynllun ar gyfer cludo cleifion a darparu mynediad cyflym at ofal brys ar draws y safle ac i gyfleuster gofal iechyd[1, 3,4, 6]
- Mewn model cerdded-i-mewn, dylid trefnu'r seddau yn yr ardal arsylwi mewn ffordd sy'n sicrhau bod modd gweld y cleifion sy'n aros yn glir ac awgrymir y dylid monitro amseroedd aros[3]

Cyfathrebu:

- Darparu radio neu ffonau symudol i'r staff gyda batris newydd neu wefrwyr mewn clinigau sydd wedi'u dosbarthu ar draws ardaloedd mawr[1]
- Sicrhau bod gan gleifion fynediad at ffôn symudol a rhif ffôn y clinig[5]
- Mae'n rhaid monitro ffôn y clinig drwy'r amser[5]
- Dylid hysbysu'r cleifion i ddefnyddio corn y car os ydynt am gael sylw[5]
- Dylid cyfleu pob cyfarwyddyd i'r cleifion a'r aelod o'u teulu sydd yno gyda nhw[5]
- Mewn argyfwng, dylai'r staff diogelwch drefnu i gwrdd â cherbydau'r gwasanaethau brys ar y ffin allanol a'u tywys at y fynedfa briodol[1]

Gofynion o ran adnoddau:

- Y meddyginiaethau a'r cyflenwadau sydd eu hangen i reoli adwaith anaffylactig bosibl a chynnal y cyflenwadau hyn[3]
- Pecyn meddygol ar gyfer argyfwng a chlinigydd sydd â chymwyster adfywio cardio-pwlmonaidd sylfaenol[2]
- Staff sydd wedi'u hyfforddi i adnabod a rheoli pob math o ddigwyddiad niweidiol, gan gynnwys anaffylacsis, llewygu ac adweithiau gorbryder[3, 5]
- Dylai'r clinig ystyried trefnu i berson sydd wedi'i hyfforddi'n briodol oruchwylio'r maes parcio i gadw golwg ar gleifion ar ôl cael eu brechu[5]

Cyfyngiadau:
Gallai'r crynodeb hwn fod yn ddefnyddiol i nodi pwyntiau allweddol ar y pwnc. Fodd bynnag, nid yw ansawdd yr ymchwil sydd wedi'i gynnwys wedi'i asesu ac mae'n deillio o ystod eang o ddeunyddiau cyhoeddedig.

Dulliau

Yn dilyn chwiliad o gronfeydd data, llenyddiaeth lwyd a sgriniad (manylion ar gael ar gais) nodwyd chwe ffynhonnell a oedd yn berthnasol i'r cwestiwn hwn. Cynhaliwyd y rhan fwyaf o'r gwaith sgrinio gan un adolygydd. Cynhaliwyd gwiriadau cysondeb ar fwy nac 20% o'r cofnodion. Ni chynhaliwyd unrhyw werthusiadau beirniadol o'r ffynonellau sydd wedi'u cynnwys. Dim ond ffynonellau o wledydd y Sefydliad ar gyfer

Cydweithrediad a Datblygiad Economaidd (OECD), Hong Kong, Singapôr neu Taiwan sydd wedi'u cynnwys.

Mae gwybodaeth fanwl o'r canllawiau, ac adolygiadau systematig, sy'n berthnasol i'r cwestiwn hwn, wedi'i hechdynnu yn Nhablau 1 a 2 yr adran echdynnu data. Mae'r tablau echdynnu data wedi'u gosod mewn grwpiau yn ôl y math o ffynhonnell.

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Gellir atgynhyrchu'r deunydd yn y ddogfen hon o dan delerau'r Drwydded Llywodraeth Agored
www.nationalarchives.gov.uk/doc/open-government-licence/version/3/
ar yr amod y gwneir hynny'n gywir ac nad yw'n cael ei ddefnyddio mewn cyd-destun camarweiniol.
Mae angen datgan cydnabyddiaeth i Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru.
Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru sy'n berchen ar yr hawlfraint o ran y trefniant teipograffyddol, y dyluniad a'r cynllun.

Data extraction:

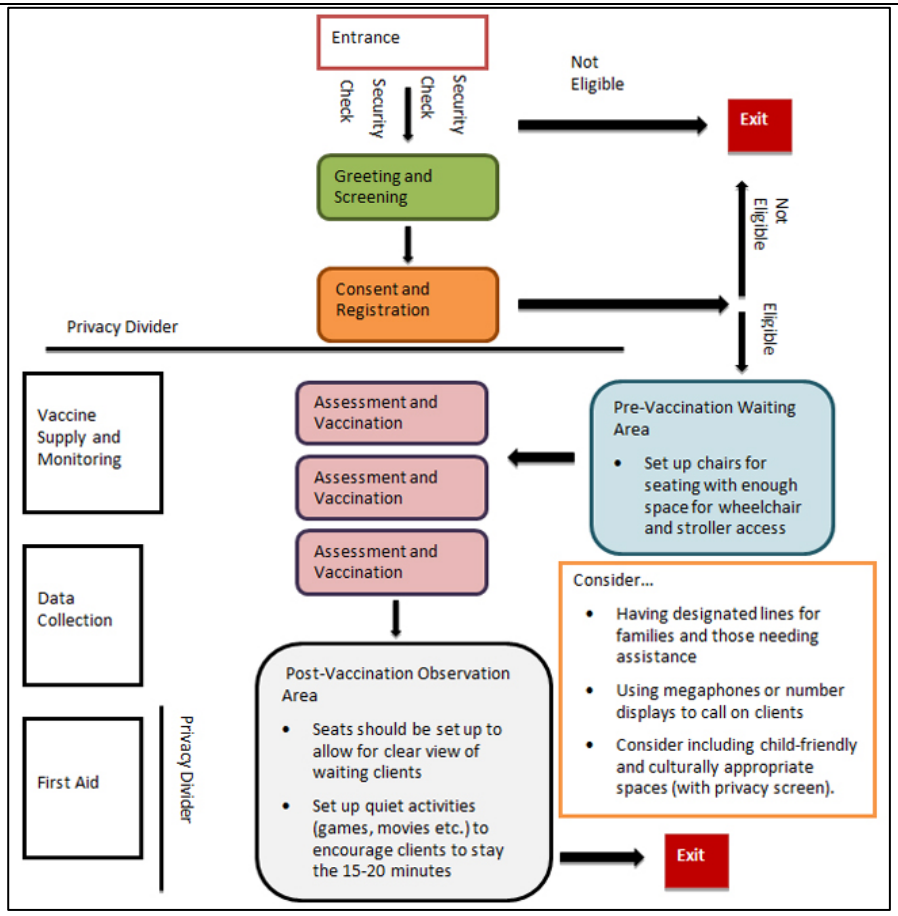
The tables below give the reference of the paper, access to the paper where freely available, key relevant findings, any considerations that arise and any caveats to bear in mind about the quality or limitations of the included articles.

Table 1: Guidelines and Resources

Reference	Summary of relevant content
1. Centers for Disease Control and Prevention (CDC). Guidelines for Large Scale Novel H1N1 Influenza Vaccination Clinics. Atlanta, GA (US): CDC; 2009 [06/07/2020]. Available here	This is a webpage from CDC which provides guidelines for large-scale influenza vaccination clinic planning. The information related to post vaccination recovery in this guideline was: • "The vaccine recipients are routed to an area set aside to be observed for 10-15 minutes for potential post vaccination problems" • "The post-vaccination observation area and a medical emergency area are located as close to the vaccine administration area as possible" • "Security staff should arrange to meet emergency vehicles at the outer perimeter and guide them to the appropriate entrance". • "If available, walkie-talkies and cell phones should be distributed to the clinic staff. Ideally, replacement batteries and/or battery chargers for each device also should be made available."
2. Centers for Disease Control and Prevention (CDC). CDC guidelines for large-scale influenza vaccination clinic planning. Atlanta, GA (US): CDC; 2015 [06/07/2020]. Available here	This reference is a webpage from CDC which is more recent and also provides guidelines for large-scale influenza vaccination clinic planning. The information related to post vaccination recovery in this guideline was: • "Ensure the presence of an onsite emergency medical kit and a designated trained physician, emergency medical technician (EMT), pharmacist, or nurse certified in basic cardiopulmonary

Reference	Summary of relevant content
	resuscitation who can administer treatment for allergic reactions and address urgent medical problems." • "Syncope has been most often reported among adolescents after vaccination." • "Clinicians should consider observing recipient for 15 minutes after vaccination. This can be done in a separate waiting area to keep the flow moving."
3. Public Health Agency of Canada (PHAC). Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector. Vaccine annex Canada: PHAC; 2017 [09/07/2020]. Available here	This document includes programmatic lessons learned from the 2009 H1N1 pandemic and planning guidance for mass-immunisation clinics. The information related to post vaccination recovery in this guideline was: • "After immunization, it is recommended that clients be kept under observation in the clinic for at least 15 minutes for monitoring of immediate vaccine reactions" • "Clinic planning should consider additional staff or volunteers to monitor client wait times." • "Strategies that may support clients in remaining for the full waiting period include clearly explaining the rationale for the waiting period, offering refreshments, offering health promotional and educational materials, providing information about post-vaccine care, common side effects of immunization, and follow-up procedures/appointments for a second dose if needed; and distributing a vaccine record once the wait time is complete." • "The waiting period also provides an opportunity during which clients can complete an evaluation of their clinic experience." • "It is recommended that the staff member monitoring the waiting area be a health professional with the training and skills to identify and respond appropriately. In smaller communities where human resources are limited, consider trained volunteers who can immediately alert on site health professionals" **Management of Adverse Events**

Reference	Summary of relevant content
	• "Emergency kits to manage anaphylactic reactions must be readily available and easily accessible by staff at the clinic and protocols must be in place for maintenance of kits." Recommended list of items in an anaphylaxis kit: www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php • "Clinic staff must be trained to identify and manage all adverse events, including anaphylaxis, syncope and anxiety reactions." • "Planners may want to consider identifying a separate area within the clinic layout for first aid and the management of adverse events." • "Clinic procedures to manage anaphylaxis should follow jurisdictional protocols and should include emergency telephone numbers, medical directives for delivering appropriate medication and a clear plan for patient transport to a health facility"

Reference	Summary of relevant content
	 Fig.1 Sample mass immunisation clinic setup

Reference	Summary of relevant content
4. Military health system. Recommendations for Mass Immunization Events During Pandemic Conditions. Falls Church, VA (US): Health.mil; 2020 [06/07/2020] Available here	This document has been written to support the US Department of defence personnel preparing for mass vaccination events to include measures to decrease the risk of transmission for diseases like COVID-19. It does have a focus on delivering influenza vaccine during a pandemic rather than a COVID-19 vaccine. The information related to post vaccination recovery in this guideline was: • "Planners need to develop an emergency response and resource plan (staff, equipment) for adverse events. Staff roles and responsibilities, rapid access to staging areas, and a plan for patient transport to emergency care if needed must be identified. Planners may need to consider methods to travel rapidly across a large physical area (vehicles, golf carts)." • "The 15-minute wait post vaccination is a standard of care and strongly recommended." • "Strict enforcement of the 15-minute wait is strongly encouraged for drivers. Proof of documentation could be withheld until after the 15 minute wait time is completed." • "Site consideration include the ability to maintain social distancing with seating and emergency response access to patients." • The recovery area "is the location to examine and treat individuals with post vaccination issues." • "Plan for the need to transport some patients for follow on care over further than typical distances."
5. Government of New South Wales (NSW). Drive-in Immunisation Clinics: Advice for providers during COVID-19 response Sydney (Australia): NSW Government; 2020 [06/07/2020]. Available here	This document was published as guidance for GP practices considering vehicle – based influenza clinic option where no other suitable options are available. The information related to post vaccination recovery in this guideline was: • "When making the appointment, patients must be asked to bring a responsible adult member of their household with them in the vehicle so they can drive home." • "People attending drive-in immunisation clinics MUST remain in the car to observe the standard 15-minute observation period; drivers can be permitted to move their vehicle to a parking bay not being used for vaccinations, if required."

Reference	Summary of relevant content
	• "Appointment times should be staggered to allow for the immunisation encounter and 15 minutes post vaccination observation." • "Patients should be provided with a printable pre vaccination checklist and instructions for the clinic, including the required 15 minute recovery period, this should be provided when the patient makes their appointment." The following post vaccination strategies should be considered to support the management of adverse events: • "The clinic should consider having an appropriately trained person roving in the carpark to check on patients post vaccination. Staff should be familiar with signs and symptoms of adverse events and their appropriate management including early signs of anaphylaxis, allergic reaction and syncope." • "Medicines and supplies needed to manage a potential anaphylactic reaction and staff trained in their use should be readily available." • "Providers should ensure that patients have access to a mobile telephone and the clinic's phone number." • "The clinic's phone must be monitored at all times." • "Patients should be instructed to use the car horn to gain attention." • "All instructions should be communicated to both the patient and their accompanying household member."

Table 2: Systematic reviews

Reference	Summary of relevant content	Limitations
6. Buck BH, et al. Effective Practices and Recommendations for Drive-Through Clinic Points of Dispensing: A Systematic Review. Disaster Medicine and Public Health Preparedness. 2020:1-15. Available here.	This systematic review sought to identify effective practices and recommendations for implementing drive-through clinics (DTCs) as a point of dispensing where participants drive to a designated location and receive prophylaxis while remaining inside their vehicle. The systematic review included 13 studies. The information related to post vaccination recovery in this systematic review was: • "Utilisation of a medical algorithm tailored to the specific medication intended to treat the disease/agent." • "Provision of an observation station following prophylaxis to monitor patients" • "Further safety monitoring teams could be dispatched to roam around the DTC to monitor vaccinated patients." • "On-site transportation e.g. golf carts equipped with stretchers to access medical attention if located adjacent to a hospital or an emergency exit." • "An emergency bypass lane should be provided for vehicle exit and emergency vehicle access if not near a hospital." • "Provision of mental health resources."	This systematic review only includes drive through point of dispensing models. It includes only peer reviewed literature published from 1990 onwards. The quality of the included research was not assessed. Most studies included were descriptive (7/13 studies), four were models / simulation studies and two were summary articles. Authors themselves note that the included studies describe simulations or practice events and add that in a real-world emergency, such services may be strained by a large influx of stressed, anxiety-stricken community members inducing a more chaotic environment.